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(Re	equestor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
918	FL	LC		

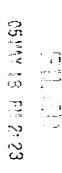
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MJH :



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Westpoints Everglades Club, LLC (Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Ronald Bailey, Jr. CPA	Name of Person)	
Westpoints Everglades Club, LLC		
	Firm/Company)	
1004 Collier Center Way, #100		
	(Address)	
Naples, FL 34110 (City	/State and Zip Code)	
For further information concerning this matter, please	call:	
Ron Bot Vey J at (239) 597-8826 (Name of Porson) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	MAILING Al Registration S	ection

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
Westpoints Everglades Club, LLC			
ARTICLE II - Address:			
	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1004 Collier Center Way, #100	_1004 Collier Center Way, #100		
Naples, FL 34110	*: Naples, FL 34110		
	and the second s		
The name and the Florida street address of the Ronald Bailey, Jr. CPA Na	me "		
1004 Collier Center Way, #	100		
Florida street address (P.O. Box NOT acceptable)			
Naples, FL 34110	FL		
City, State, and Zip			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.		
Registered Age	ut g ziguaffue 🖎 🖫		

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag "MGRM" = Man		Name and Address:
Mgrm	<u></u>	Matthew T. Miller 1004 Collier Center Way, #100 Naples, FL 34110
Mgm		John C. Miller, II 1004 Collier Center Way, #100 Naples, FL 34110
Mgrm	en e	John C. Miller 1004 Collier Center Way, #100 Naples, FL 34110
Marm	<u> </u>	Mitch Norgart 1004 Collier Center Way, #100 Naples, FL 34110
(Use attachment	,	/
NOTE: An add	Signature of member/or (In accordance with section of this document constitutes that the facts stated herein Matthew T. Miller	
••	Typed c	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)